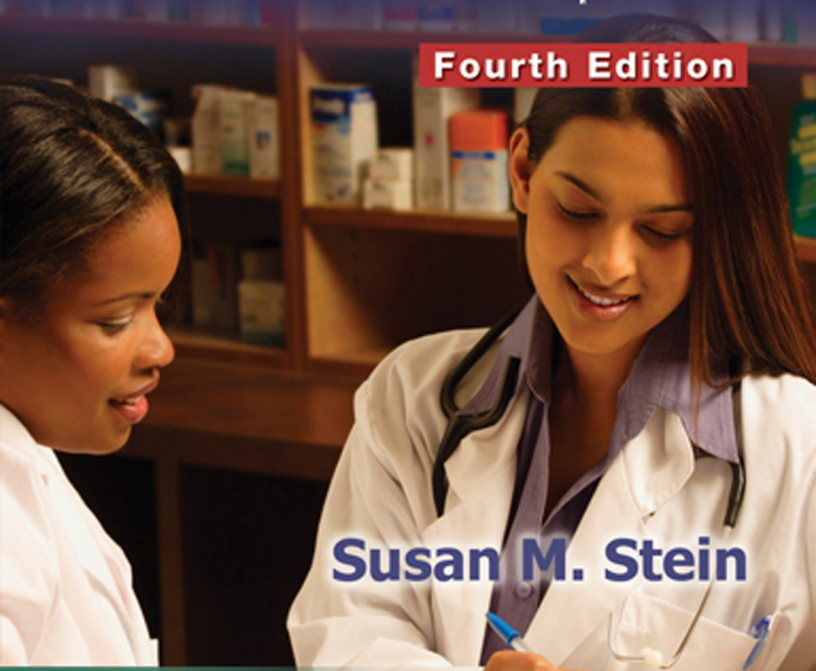
BOH'S

Pharmacy Practice Manual

A Guide to the Clinical Experience

Fourth Edition



Susan M. Stein

Wolters Kluwer Health

Boh's Pharmacy Practice Manual: A Guide to the Clinical Experience

FOURTH EDITION

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EDITOR

Susan M. Stein, DHEd, MS, BS Pharm, RPh

Associate Dean, College of Health Professions
Professor, School of Pharmacy
Pacific University
Hillsboro, Oregon

Wolters Kluwer Health

Philadelphia • Baltimore • New York • London
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Acquisitions Editor: Sirkka Howes
Product Development Editor: Stephanie Roulias
Production Project Manager: David Orzechowski
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Manufacturing Coordinator: Margie Orzech
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Larry E. Boh

1953–2001

Larry E. Boh passed away days before the publication of the second edition. Larry was respected and much admired by his students and fellow professors for his immeasurable contributions to the pharmacy profession.

PREFACE

Pharmacy practice and our health care system are evolving before our eyes: our education and practice standards must keep pace. Pharmacists are inspired by an inherent desire to care for patients, a fascination with pharmacokinetics and pharmacotherapy, and a passion to help. We have a wonderful profession, and each of us carries a responsibility to nurture and support the next generation of pharmacists and the practice it becomes.

We proudly bring you the fourth edition of *Boh's Pharmacy Practice Manual: A Guide to the Clinical Experience*. The title maintains a link to honor an inspiring, brilliant mentor: Larry Boh. Larry had a powerful, lasting impact on many successful clinical pharmacists practicing today. As editor of the first edition (*Clinical Clerkship Manual*) and the second edition (*Pharmacy Practice Manual: A Guide to the Clinical Experience*), he motivated knowledgeable, talented contributing editors to create an anthology that provided practitioners a valuable reference throughout their career. The fourth edition further expanded and restructured chapters to support current as well as emerging practitioners. A purposeful emphasis was placed on providing resources to practitioners of all degrees. Many chapters were expanded to include updated standards of care while others were condensed and focused to maximize value. The pharmacy profession provides us a unique opportunity to improve the quality and value of our patients' lives. We hope you find this book an indispensable tool in that endeavor and encourage you to never stop learning, questioning, or striving to expand your knowledge and impact on patient care.

Susan M. Stein

ACKNOWLEDGMENTS

I wish to acknowledge and thank the contributing authors and colleagues from the previous editions of "the Boh book." The memory of Larry Boh and his passion to pay it forward to the next generation, to support and challenge future practitioners to provide their patients with the best care available is evident throughout this text.

To the talented contributing authors of the fourth edition, thank you so very much for your dedication and for sharing your expertise and valuable resources in creating this indispensable resource. Through this compilation, your knowledge, insight, and experience will support clinicians far beyond your spheres of influence. We all will gain from your excellence as clinical practitioners.

To the publishing staff at Lippincott Williams & Wilkins, thank you for your endless persistence, guidance, and insight in bringing this book to press in our vision. Your investment in our profession is greatly appreciated.

Finally, I wish to thank Danny, my husband, honey bunny, and pathfinder. Without his support and wisdom, this book would not be in your hands.

This book is in memory of Larry E. Boh and Martin F. Stein, my mentors in pharmacy and life.

CONTRIBUTORS

Roberta A. Aulie, PharmD
Residency Program Director
Department of Pharmacy
St. Mary's Hospital
Madison, Wisconsin

David T. Bearden, PharmD
Clinical Associate Professor
Chair, Department of Pharmacy Practice
College of Pharmacy
Oregon State University
Portland, Oregon

Robert M. Breslow, BS Pharm, BCPS
Clinical Associate Professor
School of Pharmacy
University of Wisconsin
Madison, Wisconsin

Molly E. Bruvold, PharmD
Pharmacist Specialist
VA Medical Center
Indianapolis, Indiana

Kristina L. Butler, PharmD, BCPS
Manager, Clinical Pharmacists
Clinical Pharmacy Department
Providence Medical Group
Portland, Oregon

Kam L. Capoccia, PharmD, BCPS
Clinical Assistant Professor
Department of Pharmacy Practice
College of Pharmacy
Western New England University
Springfield, Massachusetts

Shelley L. Chambers-Fox, BS Pharm, PhD
Clinical Pharmacist
Community Health Association of Spokane
Pullman, Washington

Breanne Chipman, PharmD
Clinical Pharmacist
Operating Room Services
Department of Pharmacy Services
Legacy Health Systems
Portland, Oregon

Sandra B. Earle, PharmD
Associate Professor
Assessment Coordinator
College of Pharmacy
University of Findlay
Findlay, Ohio

Kate Farthing, PharmD, BCPS, FASHP
Pharmacy Clinical Coordinator
Quality & Patient Safety
Legacy Good Samaritan Medical Center
Portland, Oregon

William E. Fassett, PhD, RPh
Professor
Department of Pharmacotherapy
College of Pharmacy
Washington State University
Spokane, Washington

Devon Flynn, PharmD, BCPS, AAHIVP
HIV Clinical Pharmacist
Oregon Health & Science University
Portland, Oregon

Melanie Petilla Foeppel, PharmD, BCACP
Assistant Professor
Director of Post-Graduate Training
School of Pharmacy
Pacific University
Hillsboro, Oregon

Jeffery Fortner, PharmD
Assistant Professor
School of Pharmacy
Pacific University
Hillsboro, Oregon

Brad S. Fujisaki, PharmD, BCPS
Associate Professor
School of Pharmacy
Pacific University
Hillsboro, Oregon

Kenneth C. Jackson II, PharmD
Professor
School of Pharmacy
Wingate University
Wingate, North Carolina

Jennifer M. Jordan, PharmD, BCPS
Associate Professor
School of Pharmacy
Pacific University
Hillsboro, Oregon

Marianne Krupicka, PharmD
Pharmacy Clinical Coordinator
Randall Children's Hospital
Legacy Health Systems
Portland, Oregon

Pauline A. Low, PharmD
Adjunct Professor
School of Pharmacy
Pacific University
Hillsboro, Oregon

Linda Garrelts MacLean, BS Pharm, CDE
Associate Dean for Advancement
Clinical Associate Professor of Pharmacotherapy
College of Pharmacy
Washington State University
Spokane, Washington

Kristine B. Marcus, BS Pharm, BCPS
Associate Professor
School of Pharmacy
Pacific University
Hillsboro, Oregon

Patricia M. Mossbrucker, BS Pharm
Medication Management Program
Kaiser Permanente
Portland, Oregon

Daniel R. Neal, PharmD
Director of Pharmacy
VA Roseburg Healthcare System
Roseburg, Oregon

Teresa A. O'Sullivan, PharmD, BCPS
Director of Experiential Education
Acting Assistant Professor, Department of Pharmacy
School of Pharmacy
University of Washington
Seattle, Washington

Katherine E. Rotzenberg, PharmD
Drug Information Pharmacist
Department of Pharmacy
St. Mary's Hospital
Madison, Wisconsin

Gordon Sacks, PharmD, FCCP, BCNSP
Department Head and Professor
Department of Pharmacy Practice
Harrison School of Pharmacy
Auburn University
Auburn, Alabama

Kathleen A. Skibinski, MS, BS Pharm
Project Director (HCIA)
Pharmacy Society of Wisconsin
Madison, Wisconsin

Susan M. Stein, DHEd, MS, BS Pharm, RPh
Associate Dean, College of Health Professions
Professor, School of Pharmacy
Pacific University
Hillsboro, Oregon

Ty Vo, PharmD, BCPS
Drug Information and Formulary
Kaiser Permanente
Portland, Oregon

Diana Wells, PharmD, BCPS
Assistant Clinical Professor
Department of Pharmacy Practice
Harrison School of Pharmacy
Auburn University
Auburn, Alabama

Jonathan R. White, PharmD, BCPS
Clinical Pharmacy Specialist
Primary Care
Providence Medical Group
Portland, Oregon

Megan Willson, PharmD, CDE
Clinical Assistant Professor
Department of Pharmacotherapy
Washington State University
Spokane, Washington

Ann K. Wittkowsky, PharmD, CACP, FASHP, FCCP
Clinical Professor
School of Pharmacy
University of Washington
Director
Anticoagulation Services
University of Washington Medical Center
Seattle, Washington

CONTENTS

1

Professionalism in Pharmacy

Susan M. Stein, William E. Fassett, and Jeffery Fortner

Professionalism is an all-encompassing concept that conjures images of how to make a positive impression on patients, other health care professionals, and the public. According to the American Association of Colleges of Pharmacy (AACP) Professionalism Task Force, traits of a professional include[1]

- Knowledge and skills
- A commitment to self-improvement and lifelong learning
- A service-minded orientation
- Pride in the profession and a dedication to advance its value to society
- Creating a covenantal relationship with those served
- Alertness, creativity, initiative, and innovation
- Conscientiousness, integrity, and trustworthiness
- Flexibility and punctuality
- Accountability for his/her performance
- Ethically sound decision making and moral behavior
- Leadership

Developing professionalism, or professional socialization, begins with taking pride in the profession and growing this pride throughout the didactic and clinical components of education and beyond.[2] The authors encourage use of the Professional Self-Assessment (Table 1.1) both now and as you develop in your career. Maintaining professionalism provides the gateway to successful delivery and acceptance of clinical pharmacy practice.

Professionalism and Trust

Imagine yourself boarding an airplane for a flight in the middle of a stormy day. When the pilots and flight attendants look sharp and

TABLE 1.1 Professional Self-Assessment

Elements of a Professional	Self-assessment of Element
Knowledge and skills	
A commitment to self-improvement and lifelong learning	
A service-minded orientation	
Pride in the profession and dedication to advance its value to society	
Create a covenantal relationship with those served	
Alertness, creativity, initiative, and innovation	
Conscientiousness, integrity, and trustworthiness	
Flexibility and punctuality	
Accountability for his/her performance	
Ethically sound decision making and moral behavior	
Leadership	

act sharp, is the quality of your trip improved? Are you more likely to trust them and follow their directions when your life may depend on it?

Now, consider what it is like to be sick. Your illness impairs your ability to function, to work, to enjoy life, and perhaps to keep on living. Patients with grave or potentially disabling illnesses must rely on strangers—physicians, nurses, laboratory technicians, pharmacists, and others—to do for them things they cannot do for themselves. As retold by Zaner, "A man with lung cancer emphasized: 'When the doctor told me I had this tumor, frankly, it alarmed me, but he did it in such a way that it left me with a feeling of confidence.' A diabetic underscored the point: 'if you can't communicate and you can't understand your disease, then you don't have confidence in the medical help you are getting [citations omitted].'"[3]

So much of success in health care depends on patient trust in his or her health care provider that establishing a trusting relationship is the very first principle in the Code of Ethics for Pharmacists (see Box 1.1). The critical first step to earn patient trust is to act professionally.

BOX 1.1 Code of Ethics for Pharmacists

Preamble

Pharmacists are health professionals who assist individuals in making the best use of medications. This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists. These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

I. A pharmacist respects the covenantal relationship between the patient and pharmacist.
   Considering the patient–pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.

II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
   A pharmacist places concern for the well-being of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.

III. A pharmacist respects the autonomy and dignity of each patient.
   A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.

IV. A pharmacist acts with honesty and integrity in professional relationships.
   A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.

CONTINUED

BOX 1.1 Code of Ethics for Pharmacists *(continued)*

V. A pharmacist maintains professional competence.
A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.

VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

VII. A pharmacist serves individual, community, and societal needs.
The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.

VIII. A pharmacist seeks justice in the distribution of health resources.
When health resources are allocated, a pharmacist is fair and equitable, balancing the needs of patients and society.

Adopted by the membership of the
American Pharmaceutical Association
October 27, 1994

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Professionalism and Performance

Many philosophers, Aristotle prime among them, have noted that to become a person whose actions are worthy of respect, including self-respect, it is important at the outset to behave in a respectable manner. But this is much more than merely acting the part. Behaving consistently in the way you wish to become forms good habits and reinforces the desired behavior. Professionalism describes in part the way you act to create in others an image of you as a "pro." But being professional is in

and of itself a desirable way to act. People who behave professionally are significantly more likely to deliver high quality care. Perhaps as important, you will find that when patients and other professionals trust you, their confidence in you helps build your own self-assurance.

A recent popular phrase describes well how a person behaves professionally to become professional: he or she "talks the talk and walks the walk."

Embracing Change

Whether personal or professional, change is often uncomfortable, but is also inevitable. Like most professions, pharmacy today looks quite different from pharmacy 40 years ago. The unremitting efforts of three generations of pharmacists and student pharmacists to move the profession forward have now positioned pharmacy to be the profession responsible for providing patient care that insures optimal medication therapy outcomes.[4,5] As you progress through the next 30 years of your career, you will be involved in many changes too. The most successful professionals are those who embrace change by adapting to new expectations, accepting new responsibilities, and capitalizing on new opportunities. Most professionals tend to perform better, and gain more satisfaction, in their work when it is at least somewhat challenging. At the same time, it is also easy to fall into a routine and establish a "comfort zone" with your work. An insightful preceptor once said, "If you ever feel very comfortable in your work, it's time to consider a change, because being too comfortable makes you prone to mistakes." Since mistakes in pharmacy can be devastating, embrace change knowing the discomfort makes you a better professional.

Positive First Impressions

One's outward physical appearance greatly influences his or her effectiveness. Presenting yourself as awake, alert, and well-groomed (clean shaven or groomed facial hair, no body odor, clean hair, etc.) to your patients creates a positive impression. Companies and institutions have dress codes, and professional associations use statements such as "business casual," "business dress," and "casual" to describe appropriate and acceptable dress at their meetings. These recommendations prepare

the individual to meet expectations and be accepted professionally. What you wear creates an immediate impression, and the goal is to be professional. Remember to know the dress code of each facility or event to confirm expectations. Also, it is advised to overdress if unsure. By the way, no one expects young health care professionals to spend a lot of money on business attire; you can "dress for success" and stay within your budget. An online Google search for the phrase "dress for success for less" will provide you with several sources of useful information. See Table 1.2 for some specific suggestions.

TABLE 1.2 Dress Code Suggestions

Dress Code	Men	Women	Avoid
Clinical experiences	White lab coat and name tag (unless otherwise directed by preceptor), professional dress	White lab coat and name tag (unless otherwise directed by preceptor), professional dress	Anything worn or torn Anything unclean or wrinkled Anything interpreted as revealing or suggestive Blue jeans, sweatshirts Athletic shoes, sandals
Professional dress	Dress pants, buttoned shirt, tie, suits	Dress pants or skirts, blouse, suits	Anything worn or torn Anything unclean or wrinkled Anything interpreted as revealing or suggestive Blue jeans, sweatshirts Athletic shoes, sandals
Business casual	Dress pants, buttoned shirt, collared shirt	Dress pants, blouse	Anything worn or torn Anything unclean or wrinkled Anything interpreted as revealing or suggestive Blue jeans, sweatshirts Athletic shoes, sandals
Business dress	Suit or sport coat with pressed slacks	Suit or skirt with dressy top, dress	Too casual Anything worn or torn Anything unclean or wrinkled Anything interpreted as revealing or suggestive Blue jeans, sweatshirts Athletic shoes, sandals
Casual	Casual pants, collared shirt	Casual pants, collared shirt, or casual top	Anything worn or torn Anything unclean or wrinkled Anything interpreted as revealing or suggestive

Professional Behavior

Impressions are also created based on an individual's behavior and attitude. When you arrive at work, how you interact with others and how you shake hands are behaviors that can influence how others perceive you. See Table 1.3 for examples of appropriate and inappropriate behavior. Seek clarification if there is a misunderstanding. If you find that some of your habits fall in the "inappropriate" category—figure out how to change, and do it as soon as you can.

Communication

Effective communication is the ability to share ideas and receive information using verbal, written, and visual skills. The importance of effective communication in health care also influences first impressions and cannot be overemphasized. It involves patients, caregivers, and other health care providers. Miscommunication can be fatal. Frequent use of good communication skills improves effectiveness. Tables 1.4 and 1.5 provide examples of effective communication styles and techniques to improve effectiveness.

Particular types of patients may require different communication techniques. See Table 1.5 for techniques to improve communication effectiveness with these patient groups.

Confidentiality

Respecting patient confidentiality and that of others is an integral part of professionalism. Confidential information may be shared or discussed only in appropriate environments and only with appropriate individuals. The federal Health Insurance Portability and Accountability Act (HIPAA) specifies appropriate confidentiality guidelines. Use the following online link for more information: http://www.cms.hhs.gov/HIPAAGenInfo/. Understand this also: Those confidential conversations you have with colleagues concerning their personal issues or workplace concerns must be treated with great care. You should reveal to others the private matters you discuss with friends or colleagues only when patient care or safety, or equally important legal or ethical

(*Text continued on page 12*)

TABLE 1.3 Appropriate and Inappropriate Behavior Examples

Appropriate	Inappropriate
Prompt: on time or even early; call if delayed and provide estimated time of arrival	Late/inconsistent about being on time; not calling if late; not showing up
Identify and introduce yourself when interacting with others: "Hello, my name is Daphne and I am the pharmacist"	Crashing into a conversation: "Why didn't anyone prescribe vancomycin?!"
Strong, firm handshake	Not offering your hand for handshake greeting, "wet and wimpy" handshake
Consistent in actions and communication: clear pronunciation; articulate	Inconsistent actions and poor communication; mumbling; not answering questions
Positive attitude: willing to try new things, willing to participate: "Can I help?"	Negative attitude: unwilling to try new things, actively participate: "That's not my job."
Confidence and willingness to learn more: "I would like to learn more about that"	Overconfidence, arrogance: "I already know that"
Respectful: nonjudgmental and respectfully agree or disagree: "I can see your point; thanks for the clarification"	Disrespectful and judgmental; "You are wrong"; "That's not what the book says"; "You are not as smart as the other pharmacist"
Empathetic: "This must be hard for you"	Not concerned: "It's not my problem"
Involved, self-directed, and proactive: "What can I do to help?"	Stand around, wait for someone to tell you what to do next, reactive
Good time management: on time, plan out day and responsibilities, efficient, well rested	Poor time management: late, rush through responsibilities and decisions, little or no sleep
Prioritize conflicts, projects, requests, presentations; maintain focus	Double-booked meetings at same time, late projects, lack of prioritization, lack of focus
Character:	
• Honesty and integrity—your own words, your own work, confidentiality • Accountability—to yourself, patients, other health care professionals • Responsibility—for you, your actions, your time, your knowledge	• Plagiarize, gossip, use someone else's work and claim as your own • Blame others for your lack of completing a task, knowledge, promptness, etc. • Not able to accept and own responsibility

TABLE 1.4 Effective and Ineffective Communication Examples

Effective	Ineffective
Verbal:	
• Enunciate • Project your voice • Avoid colloquialisms, idioms, clichés • Speak slowly, regular cadence • Ask open-ended questions (answer other than yes/no): "Which…, How…" • Ask direct questions/requests to gather detailed information: "Describe how your pain feels today."	• Mumble • Talk softly or away from the individual • Examples: "burning fever," "cold fish" • Speak too quickly or irregular cadence • Ask only yes or no type questions: "Do you…" • Ask generalizations: "How is it going?"
Nonverbal:	
• Eye contact when being spoken to or when asking a question • Proxemics (spatial relationships): lean toward but not too close • Ask permission to touch a patient • Body language: open posture, warm smile, alert eyes	• Looking away or not paying attention when addressed • Crowding or too far away, barrier between the individual and you • Touching without receiving permission • Crossed arms, furrowed brow, repeatedly clearing throat
Active listening:	
• Use all senses to absorb information • Focus, document information acquired • Listen, not just hearing • Retain and remember • Respond with reflection and clarifications, use pictures • Stay with one topic • Do not interrupt • Do not complete sentences • "Gate": listen more effectively with sympathy (pity/compassion) versus empathy (identify with what patient feels) • Respect others' thoughts and ideas	• Not paying attention to information shared • Not documenting information obtained • Forget details or improvise information • Respond with what you want to hear • Introduce multiple topics and confuse issues • Interrupt and rush information retrieval • Finish others' sentences and assume • Interrupt, project lack of interest • Disregard feelings of the other; not care, not interested, not involved • Disrespectful: "It isn't possible to have that side effect with that drug…you are wrong"
Oral communication or presentation:	
• Relax, prepare, practice • Organize your thoughts • Concise and clear	• Rush preparation, do not practice • Disorganized information • Ramble, disjoint flow
Written communication:	
• Organized • Appropriate spelling, grammar • Referenced correctly • Efficiently written	• Disorganized, inconsistent • Do not proofread, poor grammar, typos • Poor or missing references, plagiarized • Difficult to read, disjoint, too long

(continued)

TABLE 1.4 Effective and Ineffective Communication Examples *(continued)*

Effective	Ineffective
Interaction with patient or health care professional:	
• Environment—appropriate location and time to discuss confidential information • Preparation—what to say, how to say it, goal of the interaction, summarize • Greeting—introduce self and describe intent • Present your statement and discuss—state purpose, provide information, encourage discussion, provide recommendation, obtain answer • Closure and documentation—summarize and potential follow-up/monitoring	• Too loud, not private, in the middle of the hallway, too busy • Disorganized, not planned, no goal • Forget to introduce self, forget to describe intent • Blurt recommendation with no information, demand answer with no discussion, forget to obtain answer • No closure or fail to document

Source: Hosley JH, Molle E. *A Practical Guide to Therapeutic Communication for Health Professionals*. St. Louis, MO: Saunders Elsevier; 2006. Ref.[6]; and Herrier RN, Boyce RW. Communicating more effectively with physicians, Part 2. *J Am Pharm Assoc*. 1996;NS36(9):547–548.[7]

TABLE 1.5 Patient-Dependent Communication Techniques

Patient Population	Technique
Geriatric	• Respectful, not condescending • Address with surname and title (Mr., Ms., etc.) • Maintain eye contact throughout, sit down if individual is seated • Increase font size of instructions and labels (>14 font) • Speak clearly and directly, slowly paced, avoid mumbling • Medication adherence tools when appropriate (medication box, reminder timer, pictures, calendar/time chart for marking doses taken) • Provide seating if waiting for interaction to occur
Pediatric	• Interact with parent/guardian if child too young, uninterested • Address both parent/guardian and child • Interact with child calmly, respectfully, maintain eye contact at child's level, keep it simple, use examples or pictures
Deaf	• Eye contact prior to conversation; touch hand to gain attention • Directly in front of individual with eye contact throughout interaction • Avoid turning away from patient until interaction completed • Speak clearly, calmly, without exaggerated facial expressions, short words and phrases, keep it simple • Visual aids to emphasize important points or instructions (inhaler, diagram, pictures, instruction sheet, label instructions, etc.) • Learn sign language to improve trust and rapport

TABLE 1.5 Patient-Dependent Communication Techniques *(continued)*

Patient Population	Technique
Language barrier	• Learn greetings and other phrases in other languages to improve trust and rapport ("Please," "Thank you," "Good day") • Interpreter if necessary (online, telephone, or in person) • Normal tone of voice and slower speed, not louder and faster • Short, simple words ("pain" rather than "discomfort") and phrases, repeat as needed, stay with one topic until receptive • Yes/no questions for ease of translation • Avoid slang and idioms • Written information, labeled instructions, posted signs in appropriate language
Cultural barrier	• Verbal signs of misunderstanding (confusion, anxiety): explain in a different format • Confidentiality expectations may vary • Matriarchal or patriarchal society may determine decision maker • Time sensitivity may vary: late for appointments • Eye contact may vary: decrease eye contact to decrease anxiety • Diet may vary; confirm before making recommendations
Cognitive issue	• Interact with caregiver if possible • Keep phrases short, increase yes/no questions • Avoid correcting the individual or creating conflict • Avoid distractions and keep length of interaction short • Obtain information through observation and listening
Hostility	• Remain calm, focus on intent of interaction • Avoid arguing or further escalating the interaction • Obtain information through observation and listening • Redirect to complete interaction effectively • Set limits to what is appropriate and what will not be tolerated • Know policies and procedures of the facility, access to security • Document when interaction completed
Other (financial, etc.)	• Avoid judging patient based on financial status, ability to afford • Avoid berating obvious value of prevention: provide care and education respectfully • Provide support and access if possible (medication assistance programs, medication adherence tools, etc.) • Recognize potential conflict in perceived weakness of illness, avoid emphasizing, focus on providing information

Source: Hosley JH, Molle E. *A Practical Guide to Therapeutic Communication for Health Professionals*. St. Louis, MO: Saunders Elsevier; 2006. Ref.[6]; and Herrier RN, Boyce RW. Communicating more effectively with physicians, Part 2. *J Am Pharm Assoc*. 1996;NS36(9):547–548.[7]

issues, require. In most cases, more damage is done to otherwise effective teams by gossip than by any other interpersonal factors.

Cultural Diversity

The concept of cultural diversity is discussed frequently, generally focusing on recognizing and accepting differences between individuals deriving from cultural influences. Differences can include knowledge, values, beliefs, and behaviors. Recommendations for appropriately and effectively working with culturally diverse patients and health care professionals are listed in Table 1.6.

Professional or Academic Misconduct

Inappropriate or illegal behavior is the opposite of professionalism. Depending on the degree of the infringement or action, a student or resident may be penalized with failure of a course or clinical experience or even expulsion from an academic program. A licensed professional may receive a fine, license suspension, license revocation, or be banned from the profession. To avoid the possibility of losing the privilege to practice pharmacy, educate yourself. Be aware of and follow policies and procedures and laws. See Table 1.7 for additional information regarding misconduct.

TABLE 1.6 Cultural Diversity Recommendations

Cultural Diversity Recommendations
• Learning about cultural diversity is a lifelong process
• Be genuinely respectful in your interactions with others
• Look inside, look outside, and recognize the differences
• Unfamiliar behavior is an opportunity for learning
• Assumptions provide recognition but should not be acted on
• Accept that values may be entrenched; therefore, modify tools to be effective
• Promote culturally diverse educational techniques
• Learn a language's common phrases to build trust and rapport
• Refer patients to community cultural resources
• If needed, use an interpreter or bilingual family member
• Visual aids will likely improve communication

Source: Zweber A. Cultural competence in pharmacy practice. *Am J Pharm Educ.* 2002;66:172–176.[8]

TABLE 1.7 Misconduct Examples

Misrepresenting, falsifying, or altering data	Falsifying records (i.e., to steal controlled substances)
Plagiarizing a report or article	Abusing controlled substances
Cheating on an examination	Using illicit drugs
Stealing supplies, medication, journals, etc.	Breaking the law (civil, criminal, or administrative) in any way
Selling products in violation of policy	Compromising ethics or integrity
Sharing confidential information (patient, financial, contractual, etc.)	

Plagiarizing, most commonly defined as using another author's original material and claiming it as your own, should be avoided. Be diligent and reference sources appropriately. See Table 1.8 for types of plagiarism and Chapter 5 for additional information.

Sexual Harassment and Discrimination

Sexual harassment has broad interpretations and can occur in many different environments. Academia, organizations, and corporations have extensive policies and procedures describing sexual harassment and guidance regarding an incident. Federal and state laws also address this issue. A description of sexual harassment by the U.S. Equal Employment Opportunity Commission is provided in Table 1.9.

TABLE 1.8 Tips to Avoid Plagiarism

Four common types of plagiarism:
- Direct: lifting passages in their entirety without quotations
- Mosaic: intertwining ideas of original author with own without giving credit
- Paraphrase: using different words to provide the same idea without giving credit to the original author
- Insufficient: providing credit to the original author for only a portion of the material used

Source: Iverson C, Flanagin A, Fontanarosa PB, et al. *American Medical Association Manual of Style. A Guide for Authors and Editors*. 9th ed. Philadelphia, PA: Williams & Wilkins; 1998.[9]

TABLE 1.9 Definition of Sexual Harassment

Harassment can include "sexual harassment" or unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature
Harassment does not have to be of a sexual nature, however, and can include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general
Both victim and the harasser can be either a woman or a man, and the victim and the harasser can be the same sex.
Although the law does not prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment decision (such as the victim being fired or demoted).
The harasser can be the victim's supervisor, a supervisor in another area, a coworker, or someone who is not an employee of the employer, such as a client or customer.

Reprinted from the U.S. Equal Employment Opportunity Commission[10]

This behavior is unacceptable and illegal. The key to the definition is the victim's interpretation of an individual's actions. Examples may include the following:

- Offensive sexual comments directed at particular individuals.
- Offensive comments about another person's body.
- Any offensive sexual advances.
- Engaging in offensive touching of another person.
- Engaging in or attempting to develop a romantic or sexual relationship with an individual who is a supervisor or who is in a less powerful position.

If an incident of sexual harassment is suspected or does occur, it should be reported promptly to the proper administrator with documentation and details. Ideally, report the information to the preceptor, Assistant/Associate Dean, manager, or supervisor outlined in the policy. If this individual is involved in the harassment, report to the next individual in rank. The allegation will be investigated thoroughly and possibly break a cycle of unacceptable and illegal behavior.

It is also unprofessional and illegal in virtually all health care settings to discriminate against others based on factors such as race, color, creed, religion, nationality, disability, ancestry, age, socioeconomic status, gender, or sexual orientation. In the opinion of the authors, if this concept is not inherently sensible to you, you probably should not be seeking to become a pharmacist.

Sexual Relationships or Misconduct with Patients or Key Parties

Legal concerns over discrimination and sexual harassment have arisen in employment and educational settings, but even otherwise consenting relationships among adults may be problematic in patient care because of the imbalance of power inherent in these relationships.[11,12] Of course, it is unprofessional to take advantage of one's position as a health care provider to sexually harass a patient, or to inappropriately touch or otherwise take sexual advantage of a patient or caregiver. However, state regulatory boards generally consider it unprofessional conduct to engage in consensual sexual relationships with patients or key parties (i.e., spouse, parent, etc., of patient)[13] and may specify a minimum time period that must elapse since the termination of a provider–patient relationship before the provider may seek to enter into a consensual relationship with the former patient. For example, one state's rules prohibit pharmacists, technicians, or intern pharmacists from even suggesting a dating relationship with a current patient and for 2 years after the professional relationship ends.[14] Our advice is to seek the counsel of an experienced mentor before entering into a possible personal relationship with a person you have met first as a patient.

Code of Ethics for Pharmacists and Oath of a Pharmacist

Two documents exist that reinforce the commitment pharmacists have to their patients and the health care community. The American Pharmacists Association created the Code of Ethics for Pharmacists (Box 1.1). It is updated regularly to reflect current practice. The American Pharmaceutical Association Academy of Students of Pharmacy/American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism created the Pledge of Professionalism (Box 1.2) and Oath of a Pharmacist (Box 1.3) through a joint effort. Although students often recite this statement on graduation, it should be followed and practiced throughout their training to further emphasize their commitment to the profession of pharmacy.

BOX 1.2 Pledge of Professionalism

As a student of pharmacy, I believe there is a need to build and reinforce a professional identity founded on integrity, ethical behavior, and honor. This development, a vital process in my education, will help ensure that I am true to the professional relationship I establish between myself and society as I become a member of the pharmacy community. Integrity must be an essential part of my everyday life, and I must practice pharmacy with honesty and commitment to service.

To accomplish this goal of professional development, I as a student of pharmacy should:

DEVELOP a sense of loyalty and duty to the profession of pharmacy by being a builder of community, one able and willing to contribute to the well-being of others and one who enthusiastically accepts the responsibility and accountability for membership in the profession.

FOSTER professional competency through lifelong learning. I must strive for high ideals, teamwork, and unity within the profession in order to provide optimal patient care.

SUPPORT my colleagues by actively encouraging personal commitment to the Oath of Maimonides and a Code of Ethics as set forth by the profession.

INCORPORATE into my life and practice, dedication to excellence. This will require an ongoing reassessment of personal and professional values.

MAINTAIN the highest ideals and professional attributes to ensure and facilitate the covenantal relationship required of the pharmaceutical caregiver.

The profession of pharmacy is one that demands adherence to a set of rigid ethical standards. These high ideals are necessary to ensure the quality of care extended to the patients I serve. As a student of pharmacy, I believe this does not start with graduation; rather, it begins with my membership in this professional college community. Therefore, I must strive to uphold these standards as I advance toward full membership in the profession of pharmacy. Developed by the American

BOX 1.2 Pledge of Professionalism *(continued)*

Pharmaceutical Association Academy of Students of Pharmacy/ American Association of Colleges of Pharmacy Council of Deans (APhA-ASP/AACP-COD) Task Force on Professionalism; June 26, 1994.

Reprinted with permission from the American Pharmacists Association and the American Association of Colleges of Pharmacy from http://www.aacp.org/resources/studentaffairspersonnel/studentaffairspolicies/Documents/pledgeprofessionalism.pdf. Copyright 1994 APhA/ACCP. Accessed April 11, 2013.

BOX 1.3 Oath of a Pharmacist

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:
I will consider the welfare of humanity and relief of suffering my primary concerns.
I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.
I will respect and protect all personal and health information entrusted to me.
I will accept the lifelong obligation to improve my professional knowledge and competence.
I will hold myself and my colleagues to the highest principles of our profession's moral, ethical, and legal conduct.
I will embrace and advocate changes that improve patient care.
I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.
I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."
The revised Oath was adopted by the AACP House of Delegates in July 2007 and has been approved by the American Pharmacists Association. AACP member institutions should plan to use the revised Oath of a Pharmacist during the 2008–2009 academic year and with spring 2009 graduates.

Reprinted with permission from the American Association of Colleges of Pharmacy http://www.aacp.org/resources/studentaffairspersonnel/studentaffairspolicies/Documents/OATHOFAPHARMACIST2008-09.pdf. Accessed April 9, 2013.

Giving Back to Your Profession

An important part of being a professional is helping in the development and growth of your field by either giving back, or paying it forward, to your profession. Many professionals such as classmates, faculty, and preceptors at your college or school likely helped you to get to where you are now. There are many ways to give back, like donating money to your alma mater or your preferred pharmacy organization, but arguably, the most valuable donation is your time. You can help in the development of new professionals and the growth of your profession by engaging in a variety of activities such as

- Becoming a licensed preceptor and mentoring pharmacy students at your practice site
- Offering to assist with clinical skills activities at your local pharmacy school or college
- Sponsoring student attendance at state or national pharmacy association meetings
- Offering to assist with admissions interviews at your local pharmacy school or college
- Volunteering as a guest lecturer at your local pharmacy school or college

If you remember a certain preceptor, faculty, or practitioner who was particularly helpful to you, pay it forward by being that person to a future pharmacist.

Summary

Being a professional and acting professionally are characteristics that develop over time. The examples and recommendations in this chapter are just the beginning of resources available to help improve and polish a pharmacist. If you observe and emulate those around you whom you admire, commit yourself to continuous personal improvement, and treat others with respect, you will succeed as a pharmacy professional.

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Other Suggested Readings and Resources

American Association of Colleges of Pharmacy (AACP). Professionalism: pharmacy student professionalism resources: pharmacy professionalism toolkit for students and faculty. www.aacp.org/resources/studentaffairspersonnel/studentaffairspolicies/Documents/Version_2%200_Pharmacy_Professionalism_Toolkit_for_Students_and_Faculty.pdf. Available at Accessed April 11, 2013.

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